

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008649

STATE FILE NUMBER

MAR 30 1959

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 104

300
1-57

1. PLACE OF DEATH a. COUNTY Cape Girardeau			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bollinger		
b. CITY (If outside corporate limits, give TOWNSHIP only) Cape Girardeau		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Sedgewicksville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION S.E.MO.Hosp		Length of stay in 1b 2 Weeks	d. STREET ADDRESS (If outside, give location) Rural Rte		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Leo Middle B Last Shrum			4. DATE OF DEATH Month 3 Day 10 Year 59		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-6-1880	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Bollinger County, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Frederick Shrum		13b. MOTHER'S MAIDEN NAME Rachel Moran	
14. NAME OF HUSBAND OR WIFE Mary C Shrum		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT P.L.Shrum		Address Marble Hill, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolus DUE TO (b) Post-op Transurethral resection of prostate for adenocarcinoma 3-2-59 DUE TO (c) Hypertensive Cardiovascular Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 177X	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 2-17-59 to 3-10-59 and last saw her alive on 3-10-59 Death occurred at 2:40 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE L.R. Seabough (Degree or title)		22b. ADDRESS 219 North Pacific Cape Girardeau, Missouri		22c. DATE SIGNED 3-20-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-13-59		23c. NAME OF CEMETERY OR CREMATORY Methodist Cemetery	
23d. LOCATION (City, town, or country) Crossroads Missouri		24. FUNERAL DIRECTOR Young & Sons Perryville Mo			
25. DATE RECD. BY LOCAL REG. 3-25-59		26. REGISTRAR'S SIGNATURE Dwight Kasten			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student

Signature of Student Embalmer

02-01-2

03-01-2

Signed *Wallace J. Young*

02-02-2 Licensed Embalmer No. 402?

P. O. Address *Persepolis*

02-01-2 Note: The above, MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.